

United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

April 21, 2010

Via Electronic Transmission

Ian McCaslin, M.D., MPH
Director
Missouri MO HealthNet Division
State of Missouri
615 Howerton Court
Jefferson City, MO 65109

Dear Director McCaslin:

In the United States, the federal and state governments spend roughly \$317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in Missouri's Medicaid program and what steps Missouri takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how Missouri's rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provide his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;

- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,



Charles E. Grassley
Ranking Member

Attachment

Drug X, 2008

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Drug X, 2009

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

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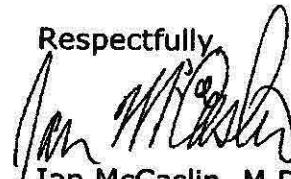
May 20, 2010

The Honorable Charles E. Grassley
United States Senate
135 Hart Senate Office Building
Washington, DC 20510-1501

Dear Senator Grassley:

Pursuant to the April 21, 2010 email from Brian Downey, enclosed is the State of Missouri's response to the request for the top ten Medicaid Prescribers of the Abilify, Geodon, Seroquel, Zyprexa, Risperdal, OxyContin, Roxicodone, and Xanax. The prescriber references indicated are pseudo numbers.

If we may be of further assistance please feel free to contact my office at 573/751-6922.

Respectfully,

Ian McCaslin, M.D., M.P.H.
Director

IM:mbm

Enclosure

cc: Brian Downey

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ABILITY, 2008

PRESCRIBER	CLAIMS PAID	NET PAYMENT
9769146	1,531	\$ 711,428.47
7119515	1,055	\$ 436,609.18
3956236	775	\$ 327,436.60
1479941	768	\$ 330,015.68
4362062	736	\$ 275,751.30
4745785	719	\$ 339,193.39
9254462	676	\$ 301,144.23
7430402	629	\$ 265,562.14
7455973	616	\$ 261,228.72
4643981	583	\$ 244,328.08

ABILITY, 2009

PRESCRIBER	CLAIMS PAID	NET PAYMENT
9769146	1,893	\$ 1,025,515.99
1479941	1,343	\$ 601,665.07
0074257	1,238	\$ 494,458.62
3956236	1,171	\$ 514,472.80
4362062	1,070	\$ 451,128.86
4643981	822	\$ 385,395.01
7430402	772	\$ 354,134.73
7705948	754	\$ 331,666.14
4745785	751	\$ 350,231.56
7119515	724	\$ 339,426.89

GEODON, 2008

PRESCRIBER	CLAIMS PAID	NET PAYMENT
9769146	585	\$ 171,735.53
3956236	371	\$ 123,930.82
4745785	364	\$ 140,652.50
2578512	272	\$ 77,503.45
0074257	230	\$ 73,484.89
7500057	222	\$ 82,714.97
4113813	220	\$ 72,122.34
5764178	203	\$ 56,730.50
9167380	195	\$ 59,334.27
1479941	180	\$ 60,540.43

GEODON, 2009

PRESCRIBER	CLAIMS PAID	NET PAYMENT
9769146	904	\$ 314,340.45
2578512	406	\$ 120,621.97
1479941	330	\$ 120,215.66
3956236	309	\$ 107,388.95
2694897	303	\$ 102,860.44
4745785	263	\$ 116,788.75
0074257	251	\$ 81,103.54
0611515	218	\$ 73,435.00
3322245	215	\$ 70,004.95
1925049	191	\$ 70,003.56

OXYCONTIN, 2008

PRESCRIBER	CLAIMS PAID	NET PAYMENT
4745785	1,223	\$ 393,251.54
3281881	809	\$ 321,279.20
4061052	438	\$ 147,431.21
4833390	370	\$ 126,594.61
2453859	340	\$ 133,009.29
5758353	338	\$ 118,672.43
3956236	319	\$ 82,136.81
7252062	281	\$ 139,263.11
2447856	269	\$ 175,679.97
9303568	259	\$ 217,430.68

OXYCONTIN, 2009

PRESCRIBER	CLAIMS PAID	NET PAYMENT
4745785	1,458	\$ 541,638.79
3281881	1,137	\$ 575,498.89
4833390	430	\$ 154,364.89
3956236	421	\$ 120,999.01
4061052	386	\$ 156,218.86
2447856	349	\$ 320,264.82
5758353	290	\$ 124,601.02
9303568	289	\$ 254,619.84
1969293	261	\$ 107,461.87
2453859	256	\$ 121,584.35

RISPERDAL, 2008

PRESCRIBER	CLAIMS PAID	NET PAYMENT
9769146	1,891	\$ 462,569.07
3956236	1,403	\$ 376,809.52
4745785	1,264	\$ 447,695.11
4362062	1,105	\$ 254,153.75
4305517	827	\$ 264,603.90
6065355	812	\$ 201,806.40
0074257	797	\$ 158,785.93
8584989	728	\$ 227,652.93
4113813	648	\$ 192,788.15
9964063	646	\$ 150,446.43

RISPERDAL, 2009

PRESCRIBER	CLAIMS PAID	NET PAYMENT
9769146	2,161	\$ 195,831.92
3956236	1,547	\$ 202,665.22
4745785	1,139	\$ 204,985.24
4362062	1,101	\$ 133,870.79
4305517	907	\$ 99,490.22
0074257	840	\$ 70,397.24
4643981	802	\$ 69,469.24
6065355	795	\$ 81,574.56
4069236	702	\$ 152,526.66
0859124	677	\$ 158,171.09

ROXICODONE, 2008

PRESCRIBER	CLAIMS PAID	NET PAYMENT
4745785	909	\$ 33,371.14
4061052	391	\$ 22,284.48
3956236	324	\$ 7,324.33
4833390	283	\$ 5,991.42
9303568	192	\$ 13,139.78
5943522	162	\$ 2,250.57
3281881	158	\$ 5,008.79
7252062	128	\$ 6,421.00
2431613	126	\$ 6,551.62
9577086	117	\$ 2,539.19

ROXICODONE, 2009

PRESCRIBER	CLAIMS PAID	NET PAYMENT
4745785	1,048	\$ 41,080.20
3956236	568	\$ 15,173.34
4061052	548	\$ 33,954.03
4833390	274	\$ 7,830.08
3281881	255	\$ 12,185.17
1266952	171	\$ 9,836.65
3819236	169	\$ 2,405.92
3956084	153	\$ 3,678.82
7139050	153	\$ 11,807.26
9303568	151	\$ 10,746.05

SEROQUEL, 2008

PRESCRIBER	CLAIMS PAID	NET PAYMENT
3956236	1,714	\$ 472,643.94
4362062	1,392	\$ 458,386.31
9769146	1,297	\$ 346,950.52
4745785	1,289	\$ 457,178.46
4113813	915	\$ 312,671.08
5152400	888	\$ 209,140.35
7430402	823	\$ 237,499.41
7479947	821	\$ 230,956.54
0074257	819	\$ 203,352.55
4548559	810	\$ 234,494.94

SEROQUEL, 2009

PRESCRIBER	CLAIMS PAID	NET PAYMENT
3956236	1,885	\$ 564,426.84
0074257	1,746	\$ 496,098.07
1479941	1,420	\$ 345,065.51
4362062	1,181	\$ 411,185.69
2606284	1,168	\$ 465,068.50
4745785	1,160	\$ 416,620.12
9769146	1,096	\$ 339,561.17
1047667	1,084	\$ 353,123.14
7479947	1,040	\$ 317,186.27
4305517	1,014	\$ 426,352.45

XANAX, 2008

PRESCRIBER	CLAIMS PAID	NET PAYMENT
4131669	5,066	\$ 65,935.27
8292649	2,600	\$ 36,224.40
7119515	1,673	\$ 28,612.07
9018777	1,493	\$ 18,544.24
9853068	1,428	\$ 19,824.35
3465235	1,389	\$ 18,587.19
3956236	1,306	\$ 22,753.18
7578050	1,299	\$ 20,375.84
7241576	1,170	\$ 18,256.81
6615174	1,141	\$ 18,322.36

XANAX, 2009

PRESCRIBER	CLAIMS PAID	NET PAYMENT
1047667	3,427	\$ 50,671.97
8292649	2,701	\$ 35,750.89
2694897	2,124	\$ 31,562.17
4131669	1,922	\$ 23,674.87
3277933	1,875	\$ 22,510.85
3465235	1,827	\$ 23,494.56
3956236	1,590	\$ 24,639.92
9853068	1,546	\$ 20,372.29
4113813	1,448	\$ 20,789.92
4277059	1,422	\$ 19,003.15

ZYPREXA, 2008

PRESCRIBER	CLAIMS PAID	NET PAYMENT
4745785	462	\$ 298,349.13
8584989	435	\$ 250,895.77
9769146	433	\$ 203,150.95
3823526	428	\$ 242,979.96
4113813	398	\$ 262,964.17
7430402	325	\$ 157,300.90
1548861	322	\$ 114,022.38
8427634	310	\$ 171,485.25
7080435	304	\$ 179,866.84
5101407	297	\$ 158,042.44

ZYPREXA, 2009

PRESCRIBER	CLAIMS PAID	NET PAYMENT
9769146	541	\$ 270,800.19
4745785	485	\$ 340,766.19
8427634	395	\$ 242,569.52
3823526	385	\$ 249,931.76
4113813	365	\$ 261,335.25
7430402	339	\$ 183,609.81
4167121	330	\$ 136,378.85
0074257	321	\$ 170,617.52
8584989	312	\$ 227,051.30
6380000	295	\$ 157,185.68

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United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6275

BRUCE A. COHEN, *Chief Counsel and Staff Director*
KOLAN L. DAVIS, *Republican Chief Counsel and Staff Director*

January 23, 2012

VIA ELECTRONIC TRANSMISSION

Brian Kinkade
Acting Director
Missouri Department of Social Services
221 West High Street
Jefferson City, MO 65102

On May 20, 2010, your office provided my staff with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in your state, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to concerns about the potential for misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example, the top two prescribers of OxyContin in 2009 wrote nearly as many prescriptions as the remainder of the top ten list combined. Another prescriber wrote more than 6500 total prescriptions for antipsychotics. These outliers are consistent with several of the antipsychotic drugs—with the top prescribers writing double or triple the number of prescriptions as the other prescribers on the list.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 13, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225.

Sincerely,



Charles E. Grassley
Ranking Member
Committee on the Judiciary



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February 10, 2012

The Honorable Charles E. Grassley
Ranking Member
Committee on the Judiciary
United States Senate
Washington, DC 20510-6275

Dear Senator Grassley:

The Department of Social Services is in receipt of your January 23, 2012 letter regarding prescribers of pain management and mental health drugs in Missouri. The enclosed document contains Missouri's response to questions posed in your correspondence. For ease of reference the initial questions are restated with the response.

Working in close partnership with the Missouri Departments of Mental Health and Health and Senior Services, the Missouri Department of Social Services maintains a number of ongoing monitoring, educational, and regulatory programs that ensure high quality care delivery for our Medicaid participants and that, in addition, reflect our commitment of accountability to taxpayers.

Respectfully,



Brian Kinkade
Interim Director

BK:kp
attachments

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Missouri Response to January 23, 2012 Questions
From United States Senate
Committee on the Judiciary

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?

Response: Sixty-five providers comprised the Top 10 lists for the eight medications reviewed last year (covering 2008-2009). This year's report (2010-2011) consists of 58 providers. One of the prescribers listed in last year's report is no longer an active MO HealthNet (Missouri Medicaid) prescriber, and two others who first appear in this year's report are also no longer active. We for some time have conducted ongoing focused reviews of individual prescribers. For example, 19 of the 67 prescribers in last year's report (14 individuals and 5 hospitals) have received mailed notification through an opioid prescription monitoring program that MO HealthNet implemented in 2010. An additional seven prescribers (six individuals and one hospital) who first appear in this year's report also received such interventions. (See Attachment A). Details of this program can be found in the response to question #7.

Additionally, we conduct regular ongoing reviews through Program Integrity audits. When the Missouri Medicaid Program Integrity Unit, known as Missouri Medicaid Audit and Compliance Unit (MMAC), reviews a provider, medications are scrutinized as part of the medical record review. Any quality of care issues identified in the medical record review are referred to the MO HealthNet Division (MHD) medical consultant. Psychiatric records are referred to the MHD psychiatric consultant. If an issue is identified, a case is opened and the prescriptions are scrutinized in greater detail as part of the review. These reviews are generally performed in concert with staff from the lock-in unit.

This type of review generally consists of looking for proper medical oversight, i.e. medical claims are submitted by the prescriber, appropriate diagnoses are present, quantities vs. days supply and appropriate dosage. Any red flags identified are referred to the medical/psychiatric consultant.

Questions or suspicious prescribing concerns are referred to the appropriate medical personnel. Referrals are made to the Board of Healing Arts if the consultants identify questionable prescribing practices.

With respect to the prescribers identified to the Committee, full-scale program integrity reviews have been conducted on seven providers: four psychiatrists; one anesthesiologist in a pain management clinic; one who sees hospital patients exclusively; and one who sees nursing home patients exclusively. Overpayments were identified due to policy violations regarding billing but no medication related issues were identified. Currently, one psychiatrist is on prepayment review; the consultant is reviewing the medical records associated with the claim and has not expressed any concerns.

Lastly, for approximately half the prescribers in our judgment the annual totals are not unreasonable. Twelve hundred prescriptions per year would average to approximately six prescriptions per work day based upon a fifty week work year and five work days per week. In

clinical practice, generally patients are directly seen by the prescriber every few months but require prescriptions refills on a monthly basis.

2. If there has been no action taken with respect to these prescribers, please explain why not.

Response: Addressed in question #7.

3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.

Response: One provider (# 2578512) from the 2008-2009 data supplied last year is no longer an active MO HealthNet provider. The remaining 64 providers from last year's report are still active. Of the 58 providers appearing in this year's report (2010-2011), two (#s 2429745 and 4578451) are no longer active providers.

4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.

Response: See Attachment B. It should be noted that some of these top prescribers are actually large hospitals and not individual physicians. Furthermore, some physicians have one or more nurse practitioners working for them, whose prescriptions are recorded under the supervising physician's ID in the state of Missouri. Thus, prescription counts for these providers are elevated as a result.

5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?

Response: All licensed providers are checked against the Board of Healing Arts website for any disciplinary action when the case is opened. Complaints are not publicized. Providers are screened at the time of enrollment.

6. Have any of the prescribers identified to this Committee been referred to your state medical board?

Response: Neither MO HealthNet nor the Department of Mental Health have directly referred any of these prescribers to the state medical board, but several of them are being investigated or have been reprimanded in response to referral from other sources.

7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?

Response: MO HealthNet has multiple mechanisms to prevent and audit unusual patterns of prescribing. MO HealthNet followed federal standards and implemented a policy requiring the use of tamper-resistant prescription pads for all MO HealthNet prescriptions in 2008. MO HealthNet also utilizes a web-based HIPAA-compliant electronic health record tool which allows providers access to medical, procedural, and pharmacy claims data for participants for the past two years. This tool provides coordination-of-care by allowing providers to view MO HealthNet claims data for their patients to assist with determination of appropriate course of treatment. MO HealthNet has a clinical case management program, with clinical staff, that reviews referred participants and

physicians for overutilization or overprescribing of medications. Physicians and other medical providers must supply clinical outcomes and prognosis information for ongoing authorization of patients' medications. MO HealthNet clinical services staff periodically performs reviews to ensure quality for program policies, with the goal being to identify standards and resolve gaps in treatment.

The MO HealthNet Pharmacy Program has performed several population-based interventions to improve the quality management of the program. These interventions included identification of patients receiving drug therapy with abuse potential – opiates, benzodiazepines, skeletal muscle relaxants, and CNS stimulants, in addition to identifying polypharmacy and over-prescribing. The goal of the federally mandated Drug Utilization Review (DUR) program is to enhance patient health outcomes and decrease medical costs by providing prescribers with pertinent claims information relevant to their patient population for clinical consideration.

In 2010 MO HealthNet implemented an opioid prescription monitoring program to address the issue of finding the right balance between appropriate pain management and the risk of opioid diversion and substance dependence. Selected prescribers of opioids in Missouri receive packets of educational information on a bimonthly basis identifying patients who are at potential risk for abuse, dependence, or adverse side-effects, and highlighting prescribing practices that are potentially at odds with the above goals. These packets contain collegially written educational flyers with supporting citations from the medical literature, and a detailed 90-day pharmacy history, which includes a list of all providers of opioid medications to affected patients. An outcome analysis of the first 12 interventions of this program has recently been completed. (See Attachment C). This program has been very positively received by physicians in Missouri.

MO HealthNet works in conjunction with our sister agencies within the state, via the referral process, to provide ongoing oversight and guideline adherence, as well as ensure compliance with both state and federal laws for medication prescribing and the dispensing of controlled substances. These agencies include the Board of Healing Arts; the Board of Pharmacy, Bureau of Narcotics, and Dangerous Drugs; Department of Mental Health; and the Drug Enforcement Administration.

8. Have you received any training or guidance from the Centers for Medicare and Medicaid Services to help identify potential issues with prescription drugs?

Response: The MMAC Director actively participates in the CMS Medicaid Integrity Institute in Columbia, South Carolina. Information is available on the CMS State Program Integrity Support and Assistance website regarding the tamper resistant prescription law.

9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?

Response: Not at this time. However, currently before the Missouri General Assembly are two bills, HB 1193 (<http://www.house.mo.gov/billtracking/bills121/biltxt/intro/HB1193I.htm>) and HB 1372 (<http://www.house.mo.gov/billtracking/bills121/biltxt/intro/HB1372I.htm>) that relate to prescription drug monitoring programs for controlled substances.

10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?

Response: MO HealthNet utilizes several point-of-sale edits to ensure appropriate utilization of prescription drugs such as:

- Quantity Limitations – Initiatives such as dose optimization reduce the over-utilization of drug therapies by reducing the frequency and quantity allow per prescription.
- Early Refill Limitation: The MO HealthNet Pharmacy Program requires at least 75% of a prescription be taken before the system allows the drug to be refilled. Any claims that fall outside of this parameter require Division authorization.
- Drug/Therapy Clinical and Preferred Drug List Edits: The MO HealthNet Pharmacy Program uses the clinical rules engine Smart PA to jury prescription claims to established clinical criteria derived from best practices and evidence-based medical information. Smart PA allows claims for appropriate therapy to adjudicate transparently, while claims that fall outside of established parameters require additional provider input before payment is authorized. The Clinical and Preferred Drug List (PDL) edits ensure best-practice clinical guidelines are followed. These edits make certain the patient has appropriate diagnoses for use of the medication and limit the quantities dispensed to evidence-based acceptable limits. In reference to the drugs listed in the inquiry, MO HealthNet has prospective edits in the following therapeutic categories:
 - Atypical Antipsychotics Clinical Edit
 - Psychotropic Poly-Pharmacy Clinical Edit
 - Selective Serotonin Reuptake Inhibitors (SSRIs) Clinical Edit
 - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) Clinical Edit
 - Long-Acting Narcotics Clinical and PDL Edit
 - Short-Acting Narcotics Clinical Edit
 - Short-Acting Combination Narcotics Clinical Edit
 - Oral Fentanyl Products Clinical Edit
 - Tramadol and Tramadol-like Products PDL Edit
 - Stadol (Butorphanol) Clinical Edit
 - Suboxone/Subutex Clinical Edit
- Electronic Prescribing (E-prescribing): The State's electronic health record tool enables our providers with prescribing privileges to submit prescriptions either electronically or by e-fax. E-prescribing improves the accuracy and safety and reduces the risk of tampering, by transmission directly to the pharmacy's point-of-sale system.

11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?

Response: Yes. Thirty doctors on the report of the top ten prescribers for the requested medications were identified in a retrospective drug utilization review. Population-based retrospective interventions are performed quarterly, identifying clinical program areas that may require additional coordination of care. Most recently provider mailings specifically targeting drugs of abuse were sent, with the intent of notifying providers who wrote prescriptions for patients that appear to be obtaining prescriptions from multiple prescribers, at multiple pharmacies, or in large

quantities for drugs that have the potential to be abused. These mailings work in concert with the State's electronic health record tool, where the prescriber has 24/7 access to the patient's health record and can identify care and treatment standards and resolve gaps in treatment.

12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Response: MO HealthNet, in partnership with the Department of Mental Health, has implemented a special intervention for physicians who prescribe antipsychotic medications to children and adolescents. Recent reports estimate that 4.6 million American children are treated annually for serious mental or emotional disorders. The resulting psychiatric medications that are used to treat these children are often prescribed without the benefit of psychiatric assessment, and the increasing number of children taking multiple behavioral medications is causing deep concern for many medical professionals. Antipsychotic medications, in particular, are known to be associated with significant medical side-effects in children and adolescents.

To address this issue, MO HealthNet's program was designed to increase awareness of the concerns associated with use of such medications in a young population and to share relevant news from the scientific community as well as the popular press on associated health issues and strategies for reducing inappropriate use. All prescribers of antipsychotic medications to children in MO HealthNet receive a report that provides aggregated data for that group, as well as numeric and percentile rankings for each prescriber, to show where he/she falls in the distribution. Providers are thus able to determine if their own particular prescribing patterns deviate significantly from the practices of other Missouri physicians who are treating children with psychiatric conditions.

In addition to this focus on antipsychotic prescribing in children and adolescents, MO HealthNet implements a pharmacy monitoring program designed to improve prescribing practices by identifying clinicians whose prescribing patterns deviate from current clinical best-practices. This program covers children and adolescents, as well as adults. Proprietary clinical algorithms are run against claims data — pharmacy, diagnostic, and medical services — to provide risk stratification and identify gaps in care and deviations from evidence-based guidelines. Physicians are alerted through collegially written educational flyers which include supporting citations from the medical literature and are accompanied by detailed case demographics and a 90-day pharmacy history for affected patients. Peer-to-Peer Telephone Consultations with board-certified psychiatrists to consult on prescribing practices are also available, as desired by clients. Since it was implemented in Missouri in 2003, this program has helped:

- Reduce inappropriate medication prescribing and utilization.
- Improve the pharmacological treatment of behavioral disorders.
- Decrease inpatient/outpatient costs by helping physicians conform to best-practice guidelines.
- Improve patient adherence to medication plans.
- Realize a return on investment within six months.

Opioid Monitoring Intervention Recipients

This table shows those prescribers who were part of the "Top 10" prescribers for the 2008-2009 reports and who also received a mailed intervention from MO HealthNet's opioid prescribing monitoring program on the dates indicated. The numbers in the table are the number of indicators, out of five, that the prescriber flagged for the designated mailing. For most prescribers, the practical ceiling is three instead of five, because two indicators deal with buprenorphine and only a few providers in Missouri are eligible to prescribe (or be flagged for) this medication.

Prescriber ID	Total Mailings	5/3/2010	5/27/2010	7/12/2010	1/31/2011	2/25/2011	3/16/2011	4/4/2011	4/27/2011	5/26/2011	6/22/2011	8/15/2011	10/20/2011	12/8/2011
		5/3/2010	5/27/2010	7/12/2010	1/31/2011	2/25/2011	3/16/2011	4/4/2011	4/27/2011	5/26/2011	6/22/2011	8/15/2011	10/20/2011	12/8/2011
1047667	7					2	3	2	3	3		2	4	
1479941	3	4							4					2
1906493	13	3	1	3	3	2	2	2	2	3	2	3	3	3
2447856	11	2	1	2		2		3	2	2	2	2	2	3
3281881	13	3	3	3	3	3	3	3	3	3	3	3	3	3
3819236	4						2	1					2	3
3835571	1													3
3956084	13	3	3	3	2	3	2	3	2	3	3	2	2	3
3956236	13	4	3	3	3	3	3	4	3	3	3	3	5	4
4061052	13	3	2	3	3	3	2	3	3	3	3	3	3	3
4069236	11		3		3	3	2	2	1	3	1	2	3	3
4113813	1		2											
4277059	12	3	2	2	3	3		3	3	3	3	3	3	3
4745785	10				3	3	3	3	3	4	4	5	3	3
4833390	12		3	3	3	3	3	3	3	3	3	3	3	3
4913667	12		2	2	2	3	2	3	2	3	3	3	3	3
7473084	1			3										
7705948	3							3			2	2		
8292649	13	2	2	1	2	2	2	3	2	3	3	3	3	3
8427634	9			2		2	2	2	3	3	3	2		
8584989	13	3	1	3	2	3	2	2	3	3	2	3	3	3
8634289	12	2	2		2	2	1	2	1	2	2	2	2	3
9018777	5	3	2	3	2	2								
9038212	9	2		2	2	2				2	2	2		
9303568	13	2	2	2	2	2	2	2	3	2	2	3	3	2
9519868	13	3	2	3	3	3	1	3	2	3	3	3	3	3

MO HealthNet Top 10 Prescribers of Designated Therapeutic Classes, 2008 - 2011

Notes:

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 # = Prescriber received opioid prescribing intervention (additional details in Attachments A & C)

2008		2009		2010		2011 (Covers Jan-Nov)	
ABILITY		ABILITY		ABILITY		ABILITY	
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID
9769146	\$ 1,531	9769146	\$ 1,114,428.47	0074257	2,511	\$ 1,200,409.58	\$ 3956236 * #
7119515	\$ 1,055	1479941 #	\$ 1,343	9769146	2,073	\$ 1,210,572.46	0074257
3956236 * #	\$ 775	0074257	\$ 1,238	3956236 * #	1,861	\$ 910,091.11	9769146
1479941 #	\$ 768	3956236 * #	\$ 1,171	4167121	1,194	\$ 653,117.93	1473381
4362062	\$ 736	4362062	\$ 1,070	4362062	1,188	\$ 558,645.61	7705948 #
4745785 * #	\$ 719	4643981	\$ 822	7705948 #	1,085	\$ 589,457.59	4362062
9254462	\$ 676	7430402	\$ 772	7430402	1,042	\$ 508,666.73	4167121
7430402	\$ 629	7705948 #	\$ 754	7430402	948	\$ 474,833.66	1047667 #
7455973	\$ 616	4745785 * #	\$ 751	1069891	944	\$ 556,613.64	4643981
4643981	\$ 583	261,228.72	\$ 350,231.56	4643981	746	\$ 429,818.09	7801815
		7119515	\$ 724	339,426.89	796	\$ 413,075.84	
		4113813 #		4113813 #			

2008		2009		2010		2011 (Covers Jan-Nov)	
ABILITY		ABILITY		ABILITY		ABILITY	
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID
9769146	\$ 1,531	9769146	\$ 1,114,428.47	0074257	2,511	\$ 1,200,409.58	\$ 3956236 * #
7119515	\$ 1,055	436,609.18	\$ 1,343	9769146	2,073	\$ 1,210,572.46	0074257
3956236 * #	\$ 775	327,436.60	\$ 1,238	494,458.62	1,861	\$ 910,091.11	9769146
1479941 #	\$ 768	330,015.68	\$ 1,171	514,472.80	4167121	\$ 653,117.93	1473381
4362062	\$ 736	275,751.30	\$ 1,070	451,128.86	4362062	\$ 558,645.61	7705948 #
4745785 * #	\$ 719	339,193.39	\$ 822	385,395.01	7705948 #	\$ 589,457.59	4362062
9254462	\$ 676	301,144.23	\$ 772	354,134.73	1479941 #	\$ 1,042	508,666.73
7430402	\$ 629	265,562.14	\$ 754	331,666.14	4643981	\$ 474,833.66	4167121
7455973	\$ 616	261,228.72	\$ 751	350,231.56	1069891	\$ 556,613.64	956
4643981	\$ 583	244,328.08	\$ 724	339,426.89	4113813 #	\$ 413,075.84	\$ 604,968.09

2008		2009		2010		2011 (Covers Jan-Nov)	
ABILITY		ABILITY		ABILITY		ABILITY	
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID
9769146	\$ 1,531	9769146	\$ 1,114,428.47	0074257	2,511	\$ 1,200,409.58	\$ 3956236 * #
7119515	\$ 1,055	436,609.18	\$ 1,343	9769146	2,073	\$ 1,210,572.46	0074257
3956236 * #	\$ 775	327,436.60	\$ 1,238	494,458.62	1,861	\$ 910,091.11	9769146
1479941 #	\$ 768	330,015.68	\$ 1,171	514,472.80	4167121	\$ 653,117.93	1473381
4362062	\$ 736	275,751.30	\$ 1,070	451,128.86	4362062	\$ 558,645.61	7705948 #
4745785 * #	\$ 719	339,193.39	\$ 822	385,395.01	7705948 #	\$ 589,457.59	4362062
9254462	\$ 676	301,144.23	\$ 772	354,134.73	1479941 #	\$ 1,042	508,666.73
7430402	\$ 629	265,562.14	\$ 754	331,666.14	4643981	\$ 474,833.66	4167121
7455973	\$ 616	261,228.72	\$ 751	350,231.56	1069891	\$ 556,613.64	956
4643981	\$ 583	244,328.08	\$ 724	339,426.89	4113813 #	\$ 413,075.84	\$ 604,968.09

2008		2009		2010		2011 (Covers Jan-Nov)	
ABILITY		ABILITY		ABILITY		ABILITY	
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID
9769146	\$ 1,531	9769146	\$ 1,114,428.47	0074257	2,511	\$ 1,200,409.58	\$ 3956236 * #
7119515	\$ 1,055	436,609.18	\$ 1,343	9769146	2,073	\$ 1,210,572.46	0074257
3956236 * #	\$ 775	327,436.60	\$ 1,238	494,458.62	1,861	\$ 910,091.11	9769146
1479941 #	\$ 768	330,015.68	\$ 1,171	514,472.80	4167121	\$ 653,117.93	1473381
4362062	\$ 736	275,751.30	\$ 1,070	451,128.86	4362062	\$ 558,645.61	7705948 #
4745785 * #	\$ 719	339,193.39	\$ 822	385,395.01	7705948 #	\$ 589,457.59	4362062
9254462	\$ 676	301,144.23	\$ 772	354,134.73	1479941 #	\$ 1,042	508,666.73
7430402	\$ 629	265,562.14	\$ 754	331,666.14	4643981	\$ 474,833.66	4167121
7455973	\$ 616	261,228.72	\$ 751	350,231.56	1069891	\$ 556,613.64	956
4643981	\$ 583	244,328.08	\$ 724	339,426.89	4113813 #	\$ 413,075.84	\$ 604,968.09

2008		2009		2010		2011 (Covers Jan-Nov)	
ABILITY		ABILITY		ABILITY		ABILITY	
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID
9769146	\$ 1,531	9769146	\$ 1,114,428.47	0074257	2,511	\$ 1,200,409.58	\$ 3956236 * #
7119515	\$ 1,055	436,609.18	\$ 1,343	9769146	2,073	\$ 1,210,572.46	0074257
3956236 * #	\$ 775	327,436.60	\$ 1,238	494,458.62	1,861	\$ 910,091.11	9769146
1479941 #	\$ 768	330,015.68	\$ 1,171	514,472.80	4167121	\$ 653,117.93	1473381
4362062	\$ 736	275,751.30	\$ 1,070	451,128.86	4362062	\$ 558,645.61	7705948 #
4745785 * #	\$ 719	339,193.39	\$ 822	385,395.01	7705948 #	\$ 589,457.59	4362062
9254462	\$ 676	301,144.23	\$ 772	354,134.73	1479941 #	\$ 1,042	508,666.73
7430402	\$ 629	265,562.14	\$ 754	331,666.14	4643981	\$ 474,833.66	4167121
7455973	\$ 616	261,228.72	\$ 751	350,231.56	1069891	\$ 556,613.64	956
4643981	\$ 583	244,328.08	\$ 724	339,426.89	4113813 #	\$ 413,075.84	\$ 604,968.09

MO HealthNet Top 10 Prescribers of Designated Therapeutic Classes, 2008 - 2011

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= Prescriber received opioid prescribing intervention (additional details in Attachments A & C)

2008		2009		2010		2011 (Covers Jan-Nov)		
OXYCONTIN		OXYCONTIN		OXYCONTIN		OXYCONTIN		
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	
	NET PAYMENT		NET PAYMENT		NET PAYMENT		NET PAYMENT	
4745785 * #	1,223	\$ 393,251.54	4745785 * #	1,458	\$ 541,638.79	4745785 * #	1,498	\$ 593,837.91
3281881 #	809	\$ 321,279.20	3281881 #	1,137	\$ 575,498.89	3281881 #	726	\$ 398,702.60
4061052 #	438	\$ 147,431.21	4833390 * #	430	\$ 154,364.89	7473084 #	656	\$ 250,087.35
4833390 * #	370	\$ 126,594.61	3956236 * #	421	\$ 120,999.01	2447856 #	534	\$ 551,649.63
2453859	340	\$ 133,009.29	4061052 #	386	\$ 156,218.86	3956236 * #	499	\$ 124,882.00
5758353	338	\$ 118,672.43	2447856 #	349	\$ 320,264.82	4833390 * #	472	\$ 172,963.74
3956236 * #	319	\$ 82,136.81	5758353	290	\$ 124,601.02	4061052 #	372	\$ 155,806.73
7252062	281	\$ 139,263.11	90303568 #	289	\$ 254,619.84	9303568 #	278	\$ 301,966.09
2447856 #	269	\$ 175,679.97	1989293	261	\$ 107,461.87	3956084 * #	243	\$ 57,592.03
9303568 #	259	\$ 217,430.68	2453859	256	\$ 121,584.35	1017006	224	\$ 104,828.53

RISPERDAL		RISPERDAL		RISPERDAL		RISPERDAL		
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	
	NET PAYMENT		NET PAYMENT		NET PAYMENT		NET PAYMENT	
9769146	1,891	\$ 462,569.07	9769146	2,161	\$ 195,831.92	9769146	2,315	\$ 108,487.23
3956236 * #	1,403	\$ 376,809.52	3956236 * #	1,547	\$ 202,665.22	3956236 * #	2,010	\$ 159,228.66
4745785 * #	1,264	\$ 447,695.11	4745785 * #	1,139	\$ 204,985.24	4069236 #	1,719	\$ 323,836.16
4362062	1,105	\$ 254,153.75	4362062	1,101	\$ 133,870.79	4372392	1,212	\$ 37,277.73
4305517	827	\$ 264,603.90	4305517	907	\$ 99,490.22	4745785 * #	1,158	\$ 119,130.26
6065355	812	\$ 201,806.40	0074257	840	\$ 70,397.24	4305517	1,062	\$ 40,846.66
0074257	797	\$ 158,785.93	4643981	802	\$ 69,469.24	4643981	1,050	\$ 45,115.41
8584989 #	728	\$ 227,652.93	6065355	795	\$ 81,574.56	4362062	954	\$ 47,538.96
4113813 #	648	\$ 192,788.15	4069236 #	702	\$ 152,526.66	3025726	946	\$ 34,095.49
9964063	646	\$ 150,446.43	0859124	677	\$ 158,171.09	8855667	940	\$ 29,558.02

2008		2009		2010		2011 (Covers Jan-Nov)		
OXYCONTIN		OXYCONTIN		OXYCONTIN		OXYCONTIN		
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	
	NET PAYMENT		NET PAYMENT		NET PAYMENT		NET PAYMENT	
4745785 * #	1,223	\$ 393,251.54	4745785 * #	1,458	\$ 541,638.79	4745785 * #	1,075	\$ 406,868.18
3281881 #	809	\$ 321,279.20	3281881 #	1,137	\$ 575,498.89	3281881 #	571	\$ 324,258.25
4061052 #	438	\$ 147,431.21	4833390 * #	430	\$ 154,364.89	7473084 #	656	\$ 109,671.16
4833390 * #	370	\$ 126,594.61	3956236 * #	421	\$ 120,999.01	2447856 #	534	\$ 484,901.84
2453859	340	\$ 133,009.29	4061052 #	386	\$ 156,218.86	3956236 * #	499	\$ 164,323.05
5758353	338	\$ 118,672.43	2447856 #	349	\$ 320,264.82	4833390 * #	472	\$ 48,254.94
3956236 * #	319	\$ 82,136.81	5758353	290	\$ 124,601.02	4061052 #	372	\$ 106,576.17
7252062	281	\$ 139,263.11	90303568 #	289	\$ 254,619.84	9303568 #	278	\$ 280,652.38
2447856 #	269	\$ 175,679.97	1989293	261	\$ 107,461.87	3956084 * #	243	\$ 104,209.44
9303568 #	259	\$ 217,430.68	2453859	256	\$ 121,584.35	1017006	224	\$ 104,828.53

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2008		2009		2010		2011 (Covers Jan-Nov)	
ROXICODONE		ROXICODONE		ROXICODONE		ROXICODONE	
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID
4745785 * #	\$ 33,371.14	4745785 * #	1,048	\$ 41,080.20	4745785 * #	1,561	\$ 60,835.59
4061052 #	\$ 22,284.48	3956236 * #	568	\$ 15,173.34	3956236 * #	759	\$ 20,802.84
3956236 * #	\$ 7,324.33	4061052 #	548	\$ 33,954.03	4061052 #	566	\$ 32,435.18
4833390 * #	\$ 5,991.42	4833390 * #	274	\$ 7,830.08	4833390 * #	525	\$ 16,308.83
9303568 #	\$ 13,139.78	3281881 #	255	\$ 12,185.17	473084 #	498	\$ 22,577.44
5943522	\$ 2,250.57	1266952	171	\$ 9,836.65	3835571 * #	355	\$ 6,454.19
3281881 #	\$ 5,008.79	3819236 * #	169	\$ 2,405.92	3819236 * #	272	\$ 4,931.70
7252062	\$ 6,421.00	3956084 * #	153	\$ 3,678.82	3281881 #	256	\$ 12,198.38
2431613	\$ 6,551.62	7139090	153	\$ 11,897.26	2447856 #	222	\$ 12,541.47
9577086	\$ 2,539.19	9303568 #	151	\$ 10,746.05	1906493 #	183	\$ 9,956.73
							\$ 8,216.26

2008		2009		2010		2011 (Covers Jan-Nov)	
SEROQUEL		SEROQUEL		SEROQUEL		SEROQUEL	
PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID	PRESCRIBER	CLAIMS PAID
3956236 * #	\$ 1,714	3956236 * #	\$ 1,885	\$ 564,426.84	0074257	2,144	\$ 737,650.10
4362062	\$ 1,392	0074257	1,746	\$ 496,098.07	3956236 * #	1,934	\$ 672,184.57
9769146	\$ 1,297	1479941 #	1,420	\$ 345,065.51	9769146	1,493	\$ 484,163.44
4745785 * #	\$ 1,289	4362062	1,181	\$ 411,185.69	4305517	1,405	\$ 595,311.23
4113813 #	\$ 915	2606284	1,168	\$ 465,068.50	2606284	1,397	\$ 616,644.93
5152400	888	\$ 209,140.35	4745785 * #	1,160	\$ 416,620.12	4745785 * #	1,264
7430402	\$ 823	9769146	1,096	\$ 339,561.17	4167121	1,210	\$ 438,739.17
7479947	\$ 821	1047667 #	1,084	\$ 353,123.14	1119571	1,176	\$ 272,135.41
0074257	\$ 819	7479947	1,040	\$ 317,186.27	1047667 #	1,137	\$ 457,818.97
4548559	\$ 810	4305517	1,014	\$ 426,352.45	6858964	1,115	\$ 412,884.57
							\$ 903
							\$ 451,866.28

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2008		2009		2010		2011 (Covers Jan-Nov)	
XANAX		XANAX		XANAX		XANAX	
CLAIMS	PAID	CLAIMS	PAID	CLAIMS	PAID	CLAIMS	PAID
PREScriBER	NET PAYMENT	PREScriBER	NET PAYMENT	PREScriBER	NET PAYMENT	PREScriBER	NET PAYMENT
4131669	\$ 5,066	1047667 #	\$ 3,427	1047667 #	\$ 3,570	1047667 #	\$ 3,776
8292649 #	\$ 2,600	8292649 #	\$ 2,701	8292649 #	\$ 3,179	8292649 #	\$ 3,375
7119515	\$ 1,673	2694897	\$ 2,124	2694897	\$ 2,585	2694897	\$ 2,365
9018777 #	\$ 1,493	41131669	\$ 1,922	41131813 #	\$ 2,076	41131813 #	\$ 2,193
9855068	\$ 1,428	3277933	\$ 1,875	8292649 #	\$ 1,980	8292649 #	\$ 2,028
3465235	\$ 1,389	3465235	\$ 1,827	4305517	\$ 1,949	4305517	\$ 1,664
3956236 * #	\$ 1,306	3956236 * #	\$ 1,590	0074257	\$ 1,779	0074257	\$ 1,627
7578050	\$ 1,299	98553068	\$ 1,546	4277059 #	\$ 1,772	4277059 #	\$ 1,619
7241576	\$ 1,170	41131813 #	\$ 1,448	6941644	\$ 1,649	6941644	\$ 1,502
6615174	\$ 1,141	4277059 #	\$ 1,422	6615174	\$ 1,560	6615174	\$ 1,501
					\$ 27,581.52		\$ 24,791.64

2008		2009		2010		2011 (Covers Jan-Nov)	
XANAX		XANAX		XANAX		XANAX	
CLAIMS	PAID	CLAIMS	PAID	CLAIMS	PAID	CLAIMS	PAID
PREScriBER	NET PAYMENT	PREScriBER	NET PAYMENT	PREScriBER	NET PAYMENT	PREScriBER	NET PAYMENT
4131669	\$ 65,935.27	1047667 #	\$ 50,671.97	1047667 #	\$ 66,244.01	1047667 #	\$ 64,395.47
8292649 #	\$ 36,224.40	8292649 #	\$ 35,750.89	8292649 #	\$ 58,193.63	8292649 #	\$ 33,409.72
7119515	\$ 28,612.07	2694897	\$ 31,562.17	9018777 #	\$ 36,439.40	9018777 #	\$ 50,064.14
9018777 #	\$ 18,544.24	41131669	\$ 23,674.87	41131813 #	\$ 35,320.90	41131813 #	\$ 36,211.84
9855068	\$ 19,824.35	3277933	\$ 22,510.85	8292649 #	\$ 33,590.51	8292649 #	\$ 33,347.30
3465235	\$ 18,587.19	3465235	\$ 23,494.56	4305517	\$ 44,989.76	4305517	\$ 26,772.99
3956236 * #	\$ 22,753.18	3956236 * #	\$ 24,639.92	0074257	\$ 30,480.66	0074257	\$ 26,074.20
7578050	\$ 20,375.84	98553068	\$ 20,372.29	4277059 #	\$ 27,174.04	4277059 #	\$ 40,488.92
7241576	\$ 18,256.81	41131813 #	\$ 20,789.92	6941644	\$ 52,324.41	6941644	\$ 25,040.81
6615174	\$ 18,322.36	4277059 #	\$ 19,003.15	6615174	\$ 27,581.52	6615174	\$ 24,791.64

2008		2009		2010		2011 (Covers Jan-Nov)	
ZYPREXA		ZYPREXA		ZYPREXA		ZYPREXA	
CLAIMS	PAID	CLAIMS	PAID	CLAIMS	PAID	CLAIMS	PAID
PREScriBER	NET PAYMENT	PREScriBER	NET PAYMENT	PREScriBER	NET PAYMENT	PREScriBER	NET PAYMENT
4745785 * #	\$ 462	9769146	\$ 541	4069236 #	\$ 672	511,111.69	4069236 #
8584989 #	\$ 435	4745785 * #	\$ 485	9769146	\$ 532	\$ 300,890.00	9769146
9769146	\$ 433	8427634 #	\$ 395	41131813 #	\$ 490	\$ 383,743.30	41131813 #
3823526	\$ 242,979.96	3823526	\$ 249,931.76	4745785 * #	\$ 437	\$ 315,393.80	4745785 * #
41131813 #	\$ 262,964.17	41131813 #	\$ 261,335.25	8427634 #	\$ 378	\$ 211,273.40	8427634 #
7430402	\$ 157,300.90	7430402	\$ 183,609.81	0074257	\$ 371	\$ 211,523.32	0074257
1548861	\$ 114,022.38	4167121	\$ 136,378.85	8584989 #	\$ 364	\$ 265,382.33	2292984
8427634 #	\$ 310	0074257	\$ 321	3823526	\$ 351	\$ 233,068.02	9038212 #
7080435	\$ 304	8584989 #	\$ 312	7430402	\$ 346	\$ 201,863.91	4578451 +
5101407	\$ 297	6380000	\$ 295	3956236 * #	\$ 310	\$ 174,052.52	4975693
						\$ 109,370.51	

MO HealthNet Opioid Prescription Monitoring Program: Outcomes Report

Executive Summary

MO HealthNet uses an educational intervention initiative designed to improve the safety and health outcomes for Missourians receiving opioids. The program started in May 2010, and this report summarizes data for the first 12 interventions, through October 2011.

The opioid intervention involves processing MO HealthNet claims data through a series of algorithms, or indicators, which check for things such as patients receiving opioid medications from multiple prescribers or from multiple pharmacies, or in combination with other medications when such combinations are generally contraindicated, or when previous diagnoses indicate that caution should be warranted in the prescribing of opioids. These data are routinely reviewed by MO HealthNet managers, and the following subset of these indicators was selected for further intervention with prescribers:

- Use of opioids for 60 or more days with a diagnosis suggesting opioid, alcohol or other substance abuse in the last year
- Patient's use of five or more prescribers for opioid prescriptions
- Use of opioids for 60 or more days with two or more diagnoses of malingering, somatization or factitious disorder
- Use of buprenorphine with another opioid (prescribed by another physician)
- Use of buprenorphine with a benzodiazepine (prescribed by another physician)

For each intervention, a group of 400 prescribers is selected from all prescribers who "flag" these indicators, based on a combination of cost and patient counts. An individualized educational packet is then prepared and mailed to each prescriber, listing his/her flagged indicators and associated patients, along with a 90-day relevant medication history and relevant diagnoses. Since only the top 400 prescribers received a mailed intervention, this left a comparison group of patients whose prescribers flagged indicators but did NOT receive a mailed intervention.

Key Findings

For the 12 interventions (May 2010 – October 2011) there were 13,240 adult MO HealthNet participants represented in the intervention mailings to their prescribers for one or more of the five monitored indicators.

- A total of 418,513 Missouri adults received opioid medications through MO HealthNet during the designated time period. A total of 13,240 of these individuals were represented in mailed interventions to their prescribers. This intervened patient group accounted for 3.16% of the total adult opioid population, but 20.4% of the opioid costs.
- The most frequently triggered indicator was "Use of opioids for at least 60 days with a diagnosis suggesting substance abuse", which was triggered by 3.7% of all patients on opioids. This group of patients averaged \$909 in indicator-related pharmacy costs.

- During the May 2010 – October 2011 intervention time period, an estimated \$878,083 in opioid pharmacy cost avoidance - \$21.09 per intervened patient per month (PIPPM) – resulted from the 12 intervention mailings.
- The pre-post analysis found that emergency department visits and hospitalizations for intervened patients decreased 34% and 29%, respectively, a rate of decrease significantly different from the comparison groups.
- The average dose of opioids (in morphine equivalents) dispensed per month fell 49% in the intervened group, a rate double that of the 23% decrease seen in the patients who triggered any of the five indicators but were not included in a mailed intervention.
- Medical services costs per patient fell 29% in the intervened group, a rate of decrease significantly different from the comparison groups.
- The average patient in the intervention group used 30% fewer opioid pharmacies and 36% fewer opioid prescribers, compared to 22% and 23% decrease for the patients who triggered an indicator but were not mailed on.
- Opioid pharmacy costs per patient per month fell 11% in the intervention group, compared to 5% in the patients who triggered an indicator but were not mailed on.

Opioid Pharmacy Cost Avoidance

Table 1 below provides data on estimated opioid cost avoidance by mailing cohort, from the first mailing on May 3, 2010 through the twelfth mailing on October 20, 2011. The estimated opioid pharmacy cost avoidance is \$878,083 or \$21.09 per intervened patient per month (PIPPM).

Table 1: Cost Avoidance by Intervention Cohort

Cohort	Mailing Date	Patient Count	Months of Follow-up	Patient Months	Cost Avoidance	Cost Avoidance PIPPM *
1 (pilot)	5/3/2010	776	19	14,744	\$234,918	\$15.93
2 (pilot)	5/27/2010	265	19	5,035	\$101,820	\$20.22
3 (pilot)	7/12/2010	238	17	4,046	\$54,489	\$13.47
4	1/31/2011	566	11	6,226	\$156,777	\$25.18
5	2/25/2011	323	10	3,230	\$63,237	\$19.58
6	3/16/2011	202	9	1,818	\$71,233	\$39.18
7	4/4/2011	138	8	1,104	\$46,221	\$41.87
8	4/27/2011	214	8	1,712	\$37,528	\$21.92
9	5/26/2011	180	7	1,260	\$50,830	\$40.34
10	6/22/2011	154	6	924	\$30,410	\$32.91
11	8/15/2011	271	4	1,084	\$26,826	\$24.75
12	10/20/2011	222	2	444	\$3,794	\$8.55
Totals/Averages		3,549	11.7	41,627	\$878,083	\$21.09

*PIPPM = Per intervened patient per month

Pre-Post Comparison

The tables below provide data on changes in outcomes metrics for the three months prior to the initial intervention month for each patient compared to the three months after their first intervention month.

In each table, the data groups consist of the intervened group and three comparison groups, defined as follows:

Intervened:	Patients represented in the intervention mailings
Triggered Only:	Patients who triggered any indicators, but were not included in the mailed interventions
Patients on Opioids:	All MO HealthNet patients filling an opioid prescription
ALL:	All MO HealthNet patients

As Table 2 shows, emergency department visits and hospitalizations per patient decreased 34% and 29%, respectively, in the intervened patients, a rate of decrease double that of the patients who triggered any indicator but were not included in the mailed interventions.

Table 2: Pre-Post Intervention ER Visits and Hospitalizations

Group	Measure	Three Months Pre	Percentage Change	Three Months Post
Intervened (N=5,951)	Emergency Department Visits / Patient / Month	0.724	-34.2%*	0.476
Triggered Only (N=38,989)		0.140	-17.4%	0.115
Patients on Opioids (N=208,647)		0.106	-6.7%	0.099
ALL (N=2,169,316)		0.072	0.1%	0.072
Intervened (N=5,951)	Hospitalizations / Patient / Month	0.153	-29.0%*	0.109
Triggered Only (N=38,989)		0.047	-13.6%	0.041
Patients on Opioids (N=208,647)		0.039	-2.6%	0.038
ALL (N=2,169,316)		0.025	-1.7%	0.024

* Intervention group different from all three comparison groups, p<.001 by two-tailed unpaired t-test

Similarly, the average dose of opioids, as measured by morphine equivalents dispensed per month (Table 3), fell 49% in the intervened group, double the 23% decrease seen in the patients who triggered any indicator but were not mailed on (two-tailed unpaired t-test p<.001).

Table 3: Pre-Post Monthly Opioid Doses in Morphine Equivalents (MEs)

Group	Measure	Three Months Pre	Percentage Change	Three Months Post
Intervened (N=5,951)	Morphine Equivalent Dose / Month / Patient	7,811	-48.6%*	4,016
Triggered Only (N=38,989)		2,343	-23.1%	1,802
Patients on Opioids (N=208,647)		2,907	-18.4%	2,371
ALL (N=2,169,316)		589	0.2%	590

* Intervention group different from all three comparison groups, p<.001 by two-tailed unpaired t-test

Table 4 shows that medical services costs per patient fell 29% in the intervened group, triple the 9% decrease seen in the patients who triggered any indicator but were not mailed on (two-tailed unpaired t-test p<.001).

Table 4: Pre-Post Medical Services Costs

Group	Measure	Three Months Pre	Percentage Change	Three Months Post
Intervened (N=5,951)	Medical Services Cost / Patient / Month	\$1,810	-29.0%*	\$1,285
Triggered Only (N=38,989)		\$733	-9.2%	\$666
Patients on Opioids (N=208,647)		\$711	-3.5%	\$686
ALL (N=2,169,316)		\$527	-1.3%	\$521

* Intervention group different from all three comparison groups, p<.001 by two-tailed unpaired t-test

Table 5 shows the change in opioid pharmacies and opioid prescribers used per month. The average patient in the intervention group used 30% fewer opioid pharmacies and 36% fewer opioid prescribers in the three months following intervention than in the three months preceding intervention, compared to 22% and 23% fewer, respectively, in the patients who triggered an indicator but were not mailed on.

Table 5: Pre-Post Opioid Prescriber and Pharmacy Counts

Group	Measure	Three Months Pre	Percentage Change	Three Months Post
Intervened (N=5,951)	Opioid Pharmacies / Month / Patient	1.405	-29.5%*	0.990
Triggered Only (N=38,989)		0.864	-22.1%	0.673
Patients on Opioids (N=208,647)		1.079	-17.4%	0.891
ALL (N=2,169,316)		0.179	0.5%	0.180
Intervened (N=5,951)	Opioid Prescribers / Month / Patient	1.745	-35.7%*	1.122
Triggered Only (N=38,989)		0.915	-23.0%	0.704
Patients on Opioids (N=208,647)		1.121	-17.5%	0.925
ALL (N=2,169,316)		0.187	0.6%	0.188

* Intervention group different from all three comparison groups, p<.001 by two-tailed unpaired t-test